

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/980043

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5	/						55						
6		/					56						
7		/					57						
8	/						58						
9	/						59						
10		/					60						
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12		/					62						
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18	/						68						
19	/						69						
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37	/						87						
38	/						88						
39	/						89						
40	/						90						
41	/						91						
42	/						92						
43	/	/					93						
44	/	/					94						
45	/	/					95						
46	/	/					96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	25						TOTAL IND.						
TOTAL DEP.	21						TOTAL DEP.						
TOTAL CLAIMS	46						TOTAL CLAIMS						